


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000079665	
1. Entity Name HOBBY HORSE FARMS, INC.	

Principal Place of Business 8231 BRIDLE PATH BOCA RATON, FL 33496 US	Mailing Address 1235 MARBLE WAY BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0701348	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ann Rosalind Nicolosi - President DATE: 2-22-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000083857 03/10/04-80056-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	NICOLOSI, ANN R 1235 MARBLE WAY BOCA RATON, FL 33432
NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Rosalind Nicolosi - President 3-7-04 561 866 9899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #